MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044036 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6221

FILED DEC - 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	0580 2	0580 1	
3			
4	0		
5	1		
6			
7	0		
8	2		
9	420.1		
10			
11			
12	64-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Warren F. Wilhelm MEDICAL CERTIFICATION — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESEARCH HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LINN
c. CITY OR TOWN: LINNEUS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): NONE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NOEL Middle MAC Last JONES

4. DATE OF DEATH: Month NOVEMBER Day 14 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/30/1898

9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: PRODUCE

11. BIRTHPLACE (City and state or country): NEWTOWN, MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: GEORGE B. JONES

13b. MOTHER'S MAIDEN NAME: CORA VINSON

14. NAME OF ~~HUSBAND~~ OR WIFE: FLORENCE JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: MRS. FLORENCE JONES, LINNEUS MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	myocardial infarction	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	coronary occlusion	1 hr
DUE TO (c)	coronary atherosclerosis	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bleeding duodenal ulcer

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8 Nov 1963 to 14 Nov 1963 and last saw him alive on 14 Nov 1963
Death occurred at 10:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren F Wilhelm M.D

22b. ADDRESS: Kansas City 32 Mo

22c. DATE SIGNED: 15 Nov 63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: NOV. 15, 1963

23c. NAME OF CEMETERY OR ~~CREMATORY~~: I.O.O.F. CEMETERY

23d. LOCATION (City, town, or county) (State): LINNEUS MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 11-15-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

Dr. Warren Fred Wilhelm
Resident Physician

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.